

COMMON COUNCIL / CITY CLERK'S OFFICE  
HISTORIC PRESERVATION COMMISSION

Date of Meeting:

Relating to Item (number on agenda) 24th Week Re

Give brief title of item: \_\_\_\_\_

Name: Barbara Elnor Address: 2420 N. Cedar

City: Medina State W Zip 53211 E-Mail \_\_\_\_\_

Representing: \_\_\_\_\_

I AM IN FAVOR OF PROPOSAL AND ...

☒ I wish to speak \_\_\_\_\_ I do not wish to speak

I AM OPPOSED TO THE PROPOSAL AND ...

☒ I wish to speak \_\_\_\_\_ I do not wish to speak

☐ I wish to be placed on the mailing list / E-MAIL list for this item & notified of any further actions.

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